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AUTHOR Rofes, Eric
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ABSTRACT

This paper reviews past and current Acquired Immune Deficiency Syndrome (AIDS) education and prevention efforts, describes three specific phases of efforts, and analyzes AIDS education and prevention in relation to emancipatory models of education. First the paper reviews data measuring the transmission of Human Immunodeficiency Virus (HIV) among gay and bisexual men in the United States and critiques studies that found that gay men in epicenter cities had halted the spread of HIV. More recent data are presented showing increased unprotected sex among gay men and analyzing public response. Next the paper sketches HIV prevention programs that target gay and bisexual men: early pioneering work initiated by grassroots activities, first generation education programs launched in most cities from 1985 to 1990, and post-1990 responses to the dawning recognition of escalating incidence of unprotected sex. Finally, the paper raises questions about the "ownership" of HIV education and prevention programs by public health and social marketing professionals and criticizes the limited involvement by individuals in the education field. Following "gay liberation and queer theory" that have conceptualized gay men as a colonized population, the paper argues for emancipatory education based on the theories of Paulo Freire. Such education might offer important new possibilities for HIV prevention rooted in resistance, knowledge, and empowerment. (Contains 57 references.) (JB)

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AIDS EDUCATION UNDER DEMOCRACY:
GAY MEN, SEXUAL DISSENT, AND THE LIMITS OF PREVENTION

By Eric Rofes

UC Berkeley Graduate School of Education

Social and Cultural Studies

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AIDS education in the United States has been credited with a great deal of success in halting the spread of HIV among urban gay men.[1] in the late 1980s, the public had been lead to believe that AIDS educators had completed their work with gay men and could "move on" to other populations; recent statistics indicate that increasing numbers of young gay men and men over the age of 30 are engaging in unprotected sex.[2] One study focused on urban homosexual men which considered the future spread of HIV estimated only a 50% chance of "a seronegative 20-year-old man's remaining seronegative" at age 55.[3]

Why in 1995 is AIDS education unable to keep the seroconversions among gay and bisexual men from escalating? Have expectations of the ability of education to transform sexual behavior been inappropriate? Are the dominant methods utilized in AIDS education among gay men up to the task, or should they be reexamined to fit the needs of men in an ongoing epidemic?

In this paper, I review data measuring the transmission of HIV among gay and bisexual men in the United States. I critique and question the conclusions of studies used by epidemiologists and health policy leaders in the mid-1980s to declare that gay men in epicenter cities had successfully halted the spread of HIV. I then present data from the late 1980s and early 1990s which reveals a significant level of unprotected anal sex among

gay and bisexual men of all ages, ethnicities, and geographic areas. I suggest that by 1993, increasing awareness of the continuing seroconversions in the public sphere ignited a range of responses by HIV prevention leaders including fear-mongering, panic, and manipulation of data.

Next I provide a sketch of HIV prevention programs which target gay and bisexual men in the United States. I describe three specific phases of efforts: 1) early, pioneering work initiated by grassroots activists with little funding or professional oversight; 2) what has become known as the "first generation" of education programs targeting urban gay men which were launched in most cities from 1985-1990; 3) post-1990 responses to the dawning recognition of escalating incidents of unprotected sex which were conceptualized as responses to sexual "relapse" or "recidivism." By placing the programs alongside the data on seroconversions, I argue that public statements declaring HIV-prevention among gay and bisexual "successful" and "historic," are inappropriate and not statistically supported. I offer a range of specific criticisms of community efforts aimed at stopping HIV transmission among men and uncover troubling contradictions reflected in these programs.

Finally, I raise questions about the "ownership" of HIV education and prevention programs by public health and social marketing professionals and criticize the limited involvement by individuals rooted in the field of education in these areas. By conceptualizing gay men as a colonized population and gay male

sexuality and bodies as specific sites of colonization, I argue that the field of democratic education may offer important new possibilities for HIV prevention in this population, possibilites rooted in resistance, knowledge, and empowerment. I examine AIDS education programs for lesbian and gay youth, women in prison, and school-based adolescents which are grounded in emancipatory models of education and propose adapting such programs to urban gay and bisexual men. The gap between the social expectations that education will fully halt viral transmission and democratic education's assumptions regarding pluralism, dissent, and right action is problematized and I suggest new, achievable objectives for safer sex education.

Data on HIV Transmission Among Gay and Bisexual Men

In 1985, gay leaders declared victory over the transmission of HIV, touting a dramatic decline in new infections as a sign of successful education efforts taken up by a responsible community. AIDS researchers, educators, and activists offered sweeping statements such as, "AIDS education and prevention campaigns have resulted in the most profound modifications of personal health-related behaviors ever recorded,"[4] and used these declarations to justify expanded federal funding, rally heterosexual participation to donor events, and put forward a chastened image in the mainstream media. Gay men's success at reducing new

seroconversions in epicenter cities rapidly was melded into a sacred cow, which encouraged neither thoughtful analysis nor independent evaluation of relevant data.

The documented statistical decline in seroconversions between 1985-1988 is commonly attributed to gay men's belief that the epidemic was going to be "solved" quickly and that the cessation of anal sex or the use of condoms were temporary measures. If men simply spent a few years "playing safely," a cure would be found and utopia would be reestablished. This analysis maintains that most gay men rose to the occasion presented by the epidemic and exhibited heroic restraint by ceasing unprotected intercourse.[5]

Safer sex campaigns of the early and mid-1980s stressed the hazards of individual acts--especially unprotected receptive anal intercourse--and avoided condemnation of promiscuity and non-monogamy. If safer sex education deserves primary credit for declining seroconversions during these years, one could expect men to maintain a relatively stable level of activity and simply modify or avoid specific acts. Yet behavioral risk reduction studies of this time reveal otherwise. A landmark summary of the findings of AIDS prevention studies appearing before 1988 concluded "there is little actual evidence that an individual's knowledge and attitudes toward AIDS significantly shape his or her behavior."[6] Another study declared, "Knowledge of health guidelines was quite high, but this knowledge had no relation to sexual behavior."[7] Research in several cities showed a

significant decline in overall sexual activity for gay men, not simply acts considered to be unsafe.[9] One study based in San Francisco concluded that "Men in non-monogamous relationships and men not in relationships reported substantial reductions in high-risk sexual activity, but not a corresponding increase in low-risk sexual behavior."[9]

While there is ample evidence that urban gay men had entered a sexual winter by the mid-1980s, there are no studies which effectively draw connections between HIV-prevention efforts and declining rates of seroconversion, although it is increasingly popular to give credit to the pre-1985, grassroots gay efforts for this achievement.[10] Others have aruged that the at-risk population of gay and bisexual men in urban areas was already "saturated" with HIV (e.g. most of the men who engaged in the kind of sex that most effectively transmits HIV were already infected) by 1985 and hence there were fewer available men to become infected. Some tout the beginning of mass HIV antibody testing in 1985 as forcing men to confront head-on the possibility of being infected. While one author and AIDS educator minimizes the relationship between the psychological impact of the epidemic and gay men's sexual functioning[11], I suggest that AIDS confirmed deeply-rooted social judgements of gay male sex, identity, and community. As sex between men was held responsible for mass infirmity and death, conflicted feelings about homosexual desire may have resulted in sexual paralysis and played a significant role in reducing activity.

Not only did specific venues close their doors during these years (1984-1987), but men brought tremendous ambivalence about gay identity and desire into the waning sexual marketplace. In short, men were "scared sexless."[12]

From 1985-1990, the news that gay men had "responsibly" changed their ways and successfully halted the spread of HIV was sent forth by activists, researchers, and public policy makers. Stop AIDS, one of the key community-based organizations credited with this achievement in San Francisco declared its mission fulfilled and went into hiatus in 1988. Yet towards the late 1980s, epidemiological research began to shift focus from championing the "dramatic decline" of unprotected sex among gay men to cautiously drawing attention to continuing incidents of such activities among specific populations of urban gay men. In 1987, the American Journal of Public Health published findings from the San Francisco Men's Health Study which focused upon "stable" seroprevalence in 1985-1986 and declining annual infection rates.[13] Yet by 1990, the same journal published a study of gay men in "small Southern cities," which showed "25 percent of all respondents engaging in unprotective insertive, and 23 percent unprotective receptive, anal intercourse during the previous two months."[14] A study out of UC San Francisco published in American Psychologist in November, 1988 asserted "Dramatic behavior changes have occurred, the amount and kinds of which probably exceed anything documented to date in the public health literature,"[15] yet by 1992 the same lead researcher was

publishing findings showing that over a one-year period, "43.6% of the men under the age of 30 had unprotected anal intercourse, whereas 18% of the gay men 30 years and older had unprotected anal intercourse."[16] A 1987-1990 study of 300 men from the San Francisco Men's Health Study found that 62% had engaged in unprotected anal sex at least once during the study and that 25% had had unprotected anal sex during all three years.[17] Research was painting a picture of gay male sexual activity quite different from that which was presented in the gay and mainstream media during this time.

By 1993, people responsible for HIV prevention activities targeting gay men in epicenter cities began to panic. The information that new seroconversions were mounting among gay men began to circulate beyond the privatized spaces of AIDS educators (conferences, academic journals, professional networks) and enter the public sphere through the mainstream media. Many educators had first learned about new infections among previously HIV-negative gay men informally, as they heard of friends and colleagues who had recently tested HIV-positive. Few addressed the matter directly because it challenged the entrenched mindset of the gay community: the spread of HIV had been virtually halted among gay men in the mid 1980s.

A New York Times front-page story in 1993 entitled "Second Wave of AIDS Feared by Officials in San Francisco" may have been responsible for bringing the new infections to the public's attention. Reporter Jane Gross, having reviewed public health

reports, transcripts of focus group sessions, and epidemiological data, wrote:

> Among every 100 uninfected gay men here, there were 18 new infections in 1982, a rate that dropped to less than 1 in 1985. That has nudged back up to 2 out of 100 now, and is twice that high among men younger than 25. That increase, is viewed as alarming by health officials and is the clearest sign of a corresponding increase in unsafe behavior.[18]

Gross cited surveys which "indicate that one of every three gay men in San Francisco is engaging in unsafe sex, primarily anal intercurse without condoms," and explored the possible causes of what she dubbed a "second wave of AIDS infection."

The New York Times piece rocked San Francisco's AIDS system like another earthquake, precisely because it pierced the heavy public relations armor which the system had been amassing for years. A city which prided itself on getting down to business and halting new infections a decade ago, now found the myths it created visibly exposed on the front page of the nation's newspaper of record.

Three months after the New York Times piece appeared, the City's AIDS prevention leadership struck back. In an act with boundless repercussions, the Department of Public Health's AIDS Office convened a press conference and declared that the AIDS

epidemic in San Francisco had peaked and was now on the wane. Hailing "dramatic reductions in new HIV infections which occurred a decade ago and which were achieved as a result of successful prevention campaigns waged in San Francisco during the past 10 years," the City's chief epidemiologist presented information showing that the number of annual AIDS diagnoses had dropped 50% in 1993, and would continue to decline over the following five years.[19]

Local newspapers hailed the news with lead stories and front-page headlines, one declaring in bold letters, "S.F. AIDS Epidemic Waning." In almost celebratory tone, the paper's AIDS-beat reporter wrote:

> The AIDS epidemic that has ravaged San Francisco for the past decade has begun to recede, surrendering to aggressive efforts of disease education and prevention, a new study shows...Ten years ago, The City's tightknit and well-educated gay community launched a "safe sex" AIDS prevention campaign that dramatically changed behavior and sharply curtailed new HIV infection rates.[20]

The Examiner article seemed like a pep-rally for the City's AIDS prevention efforts which had been so painfully undercut just three months earlier in the New York Times cover story. "These figures show that prevention works," the epidemiologist stated, in the Examiner. "Our prevention efforts--targeted at specific

populations--have altered the course of the epidemic in The City." A gay journalist was quoted as saying proudly that the fall-off of new AIDS cases was "very much an accomplishment of my community. We did a remarkable job of stopping a very sharp and high degree of transmission." Another community advocate hailed the announcement, stating, "It's good news, but we can't take a break."[21] To top it all off, the following day's Examiner included a laudatory editorial, championing local prevention efforts and proclaiming "Education Cuts AIDS Spread."[22] It seemed almost as if the press conference were timed to show to legislators in Washington, D.C. who were debating the federal AIDS prevention budget that education programs had been effective and that funding increases were merited.

What seems cynical about this particular press conference is that it was used successfully to buttress the sagging reputations of local AIDS prevention efforts without promising substantive new directions. A despairing community was fed fabricated pap to lift its spirits and rekindle a sense of pride. Evidence was never presented which empirically linked the falloff in new cases to education efforts and a close scrutiny of the reported data suggests different conclusions. While letters to the editor appeared challenging the headline's assertion,[23] and a special hearing of the city's Board of Supervisors Health and Budget Committees was held to discuss the report--mainly to chide AIDS office staffers for releasing the projections and unintentionally justifying a decrease in federal and state prevention dollars[24]--

it was impossible to erase the headline from the minds of the masses. True or not, AIDS was now on the wane in San Francisco.[25]

The report shows that by 1997, more than 26,700 AIDS cases will have been diagnosed in San Francisco, nearly all among gay and bisexual men. An additional 18,000 gay men will have been infected but not diagnosed. Hence the study shows that in the first 16 years of the epidemic 45,000 residents will have been infected with HIV, diagnosed with AIDS, or killed by HIV disease.[26] This figure represents an astounding 60% of the estimated 75,000 gay men in San Francisco at the start of the epidemic.[27] With no further analysis, one might conclude that AIDS prevention efforts saved 40% of the gay men in San Francisco from becoming infected--a sizeable portion yet still significantly less than a majority of the gay population.

However, the assumption that all gay men are at signficant risk for HIV infection--a belief seemingly held by the entire mainstream media and frequently exploited by gay male prevention leaders who know otherwise--is not borne out by studies of gay men's sexual behavior. Only a handful of cases of HIV transmission have been documented through oral sex and even these few incidents have been challenged.[28] The vast majority of gay men who have become infected with HIV are generally believed to have contracted it through anal sex. Yet studies have consistently shown that between 10% and 50% of gay men never engage in anal sex.[29]

If one assumes 20% of the gay men in San Francisco do not engage in either receptive or insertive anal sex (a conservative estimate, I believe), the remaining 80% of gay men become the "at-risk" population for HIV transmission. If 80% of the city's gay men are at-risk and 60% of the city's gay men will have been infected by 1997, "successful prevention campaigns" can be credited with "saving" only 20% of the gay and bisexual men's population--the other 20% of this population were never seriously at-risk. Put another way, of the 60,000 gay men in San Francisco at the start of the epidemic who were at-risk because they engage in anal sex, 45,000--or 75%--have been infected and 15,000--or 25%--remain uninfected.

This is a significant number of at-risk gay men remaining uninfected. However, plaudits given to AIDS prevention efforts, the repeated use of adjectives such as "successful," and "historic," and phrases such as "the most profound modifications of personal health-related behaviors ever recorded," seem disrespectful to the 45,000 lives whom such efforts apparently failed to save.

HIV Prevention Programs for Gay Men in the United States

The efforts over the past fifteen years to reduce the sexual transmission of HIV between men and prevent new cases of AIDS from developing in this population can be divided into three

chronological categories: 1) early pioneering efforts by the gay community which occurred prior to government funding and professional involvement; 2) formal education and outreach programs initiated with government support after 1985 by public health educators and the medical establishment in consort with gay advocates; 3) responses to the growing awareness of continuing and increasing unprotected anal sex among gay men occurring after 1990.

The earliest efforts have been well-documented and credited with behavior change and declining seroconversions in the mid-1980s.[30] They were initiated by individual gay men, lesbians, and bisexuals and consisted of grassroots information-based campaigns, the production of pamphlets, brochures and lists of sexual activities and articles which appeared in the gay press. Early prevention work was often initiated by people who didn't think of themselves as educators; education was just one item on the job description these men and women held as activists in the gay community. Most had neither degrees in public health nor knowledge of educational theory, and few were financially compensated for their work. They often didn't consider themselves "experts" or "leaders" or seek such status from the efforts. Their work was conceptually rooted in two community-based systems which were well established by 1981: the gay male sexually transmitted disease clinic movement and the feminist self-help movement, and grounded in theories of non-hierarchical education and empowerment of oppressed people.[31]

By 1985, responsibility and authority for education and prevention had shifted from the anarchic grassroots to the increasingly centralized gay and AIDS health care systems. Gay men's VD clinics and their upstart infant sibling AIDS organizations hashed out bizarre divisions of duties. Some gay clinics gay birth to AIDS organizations which became autonomous (Boston's Fenway Community Health Center spawned Massachusetts' AIDS Action Committee, for example). Other gay clinics were transformed into powerful AIDS groups (Washington, D.C.'s Whitman-Walker Clinic or Chicago's Harold Brown Memorial Clinic). In some cities, independent efforts founded new organizations (the prime example in this category is New York's Gay Men's Health Crisis).

These formal organizations seized the reins of prevention efforts from the grassroots. Earlier efforts dwindled and were replaced by professionally coordinated "safe sex" campaigns which soon became the recipients of significant public and private funding. These efforts became known in the academic literature as the "first generation" of prevention, ignoring the earlier "home-grown" efforts. Two distinct kinds of programs emerged during this time period: didactic information-based effforts which provided lists of "safe sex do's and don'ts" along with exercises to encourage men to "eroticize safer sex," and group discussion-based projects which aimed to motivate gay men to engage in safe sex through the transformation of "community norms."[32]

Both models used by professionals skillfully displaced gay men from subject to object in sexual discourse and viewed gay bodies and erotic lives as at-risk territories to be colonized by health educators for the greater good and protection of gay men. Research literature of importance to uninfected men was delivered directly to health educators who filtered it through public health paradigms, sythesized it into terse messages, and then allowed it to reach the eyes of the gay citizenry. Enormous funding was pumped into "social marketing" (billboards, pamphlets, media advertising, t-shirts) and more participatory forms of education became the unwanted stepsisters of prevention.

After 1990, as evidence of continuing infections surfaced, education efforts were developed which conceptualized unprotected sex as acts of "relapse" and "recidivism." As prevention workers were increasingly forced to come up with an explanation for the apparent backsliding from heroism by the gay community, a portrait emerged of long-restrained gay men who, due to governmental failure to produce a cure, became "pent up" to the point where they could hold back no longer. In a mad orgy of abandon, these men unleashed their carnal cravings, leaving behind reason and tossing care to the wind. Once frustrated desires had been "gotten out of the system," men supposedly again calmed down and behaved themselves. After another period of time, however, backlogged erotic desires would emerge again and demand fulfillment. It became common for individual gay men to describe their attempts to modify erotic behavior using similar

concepts and words:

> I think part of it is just fatigue. [HIV's] been around for ten years, and people are tired of restraining themselves. And a sex club is very, very decadent, very much a way to let it all hang out. And people are taking advantage of it.[33]

The education programs which fell out of the "relapse" construct included one-day workshops titled "Keep it Up!," public relations efforts such as Stop AIDS' "100%" [safe sex compliance] campaign, and slogans such as "Safe Sex Every Time". The San Francisco AIDS Foundation, usurping tactics of the Right, produced materials declaring "This Moral Majority is made up of...men who express their sexuality in a healthy way."[34] Efforts also began to consider the context in which gay men were living their lives and mental health, substance use, and quality-of-life interventions became popular.

Critique of Community Efforts to Stop HIV Transmission

The past decade has produced a body of seasoned workers who have participated in several generations of prevention efforts targeting gay men. This prevention leadership, comprised primarily of gay and bisexual men working as community

organizers, health educators, and public health researchers, has struggled in earnest to bridge competing analyses of gay male sexuality and sex cultures amidst intense media scrutiny and the erratic whirlwind of politics. Working in the field of gay male prevention has involved overcoming specific community taboos, anti-sex funding restrictions, and homophobic local and national statutes. Creating safe sex campaigns amid such hubbub, along with the ever-shifting sands of a perplexing and expanding epidemic, seems like an impossible task. That the results of such efforts have had flaws does not diminish the considerable achievement of churning out coherent programs under hostile conditions.

Far-reaching efforts to expand the use of birth-control or discourage youth drug abuse have shown that the deconstruction and reconstruction of behavior patterns and identities are complex, long-term tasks.[35] Changing the sexual behavior of a vast and diverse population may not be the easy and quick task educators imagined it to be in the 1980s--we may find that it takes many years and several gay generations to occur. Hence the popular explanation offered for the declining seroconversion rate among gay men in the mid-1980s may reveal subtle, unconscious beliefs that sex between men (particularly anal sex) is unnatural, offensive, and illness-linked. Men thus could be expected to sacrifice or exchange anal intercourse for some other act quickly and easily. By accepting sexphobic and homophobic attitudes towards anal sex without challenge, prevention efforts

may have reinforced long-held societal judgements of gay men. As Susan Sontag explained:

> An infectious disease whose principal means of transmission is sexual necessarily puts at greater risk those who are sexually more active--and is easy to view as a punishment for that activity. True of syphilis, this is even truer of AIDS, since not just promiscuity but a specific sexual "practice" regarded as unnatural is named as more endangering. Getting the disease through a sexual practice is thought to be more willful, therefore deserves more blame.[36]

Because anal intercourse and oral sex are potential transmission routes (although with vastly differing levels of risk), gay men have been encouraged to consider them expendable activities. A supposedly lethal epidemic is expected to provide the requisite motivation for sweeping behavior changes. It is assumed that the contemporary gay male sexual consumer will order from an erotic menu which doesn't include activities which have historically and cross-culturally held tremendous meaning. Most safe sex campaigns insist on condom usage with oral sex. The acceptance of semen into any orifice seems out of the question.[37]

Few "experts" are telling white, middle-class, married heterosexuals to stop vaginal intercourse. It took the New York State Public Health Council until 1994--almost 15 years into the

epidemic--to acknowledge that activity's role in HIV transmission and add it to the list of sex acts banned in that state's sex clubs.[38] Because vaginal intercourse is a core defining act of heterosexual identity, an identity privileged in American culture, it is seen as natural and valuable. Vaginal intercourse is considered symbolically and literally life-giving and life-affirming--qualities few would attribute to anal intercourse. Telling heterosexual men and women to cease vaginal sex entirely would be mocked. At most, educators tepidly suggest the use of condoms during vaginal intercourse. And when heterosexual couples don't use them, it is attributed to faith in monogamy, the imbalance of power between men and women, and women's fears of provoking a man by the mere mention of condoms.[39] The defining role vaginal intercourse plays in the creation of heterosexuality and the reinforcement of bifurcated gender roles, may be a large factor in failure to use condoms. Receiving semen provides many women with identity as a heterosexual women; ejaculating semen into a woman provides many men with identity as a heterosexual man.[40]

Because prevention strategy has emerged from public health behaviorist approaches to education, the current attempts to explain unprotected sex occur within limited constructs of behavior change. Some look for environmental factors which cause a man to take risk and blame bathhouses, sex clubs, drug and alcohol use, prostitution, and the gay ghetto. Most explanations ignore the existence of the vast unconscious mind which may

contribute to human action. Many insist that if individuals are reasonably "intelligent," informed about safe sex, and provided with condoms, they will use them 100% of the time. When men violate these expectations, AIDS educators insist they "haven't gotten the message," or "lack common sense." Perhaps something else is going on.

Prevention leaders' overt support for the diversity of sexual activity pursued by gay men has overshadowed a more subtle and perilous shift: the covert usurping of authority for sexual conduct from the individual gay man. This has been most pronounced when prevention efforts have been conceptualized and developed using a framework of public relations rather than education. Why does a community which draws consistent parallels between itself and social change movements to liberate racial minorities choose corporate public relations strategies rather than educational theories developed to empower oppressed groups as models for HIV-prevention efforts? The language which has been developed for safe sex education now speaks of "campaigns," "audiences," "focus groups," and "messages." Gay men appear as consumers to be pitched specific messages, as if their erotic desires have much in common with consumer urges for Pepsi Cola, a Big Mac, or Jeep Cherokees. Dialogue and reflection are superseded by seven-second sound bites and four-word slogans on the sides of buses.

Gay everyman has been displaced from being the subject at the center of a process of engaged participation to an object,

passively awaiting enlightenment. The installation of gay man as units or masses to be manipulated, molded, or motivated which has occurred in HIV-prevention work, contradicts gay and AIDS activists' critique of science as hoarding knowledge to maintain established power relations:

> Rather than conceiving of scientific knowledge simply as a resource that can be monopolized or shared, radical AIDS activism seems implicitly to point toward an awareness that different ways of generating knowledge can establish different sorts of force fields of power relations...From the Foucaultian standpoint, the political strategy of simply disseminating scientific knowledge in a "downward" direction--creating a community-based expertise--seems potentially naive, or at a minimum, insufficient. In the worst-case scenario, such a strategy transforms the recipient of knowledge into an object of power.[41]

What does this mean in practical terms? After a dozen years of AIDS prevention efforts in epicenter cities, gay men regardless or race, class, and age, may be more familiar with catchy marketing lines which bombard us on billboards, t-shirts, and bus-shelters, than the physiology of our penises. Men identified with the gay community are able to parrot a simple list of safe sex do's and don'ts, but may not be capable of answering simple questions about the ways in which infection

might occur through a specific sex act. Marketing strategies often encourage men to consider sex acts as narrowly defined and circumscribed, requiring only a simple, discrete adjustment to be made safe, like an automobile with bad brakes. Yet erotic activity is complex and variegated, difficult to categorize and control, and filled with competing meanings. Gay men may understand that anal sex without a condom is not safe, but may be unable to answer specific questions pertinent to managing their own risk (Is there HIV in precum? How much risk if he pulls out? How likely is it for an HIV-negative top to get infected through anal sex with his HIV-positive lover?).

In attempting to streamline, simplify, and mass-market safe sex messages, prevention leaders are motivated by their schooling, training, and experience in various fields. They believe that the most effective way to reach masses of gay men with crucial information is through social marketing. This may be correct, but it may not be the most effective way to change sexual behavior. Men who find great value, pleasure, or meaning in the act of getting fucked and receiving semen need extensive information concerning the details of sexual transmission, as well as well-developed skills at erotic negotiation. Slogans and simple marketing lines are no substitute for dialogic education with active participation. The manipulation of transmission information and educational methods ultimately may be considered exploitative:

> To act paternalistically is to guide and even coerce people in order to protect them and serve their best interests, as a father might his children...The intention of guarding from harm has led, both through mistake and through abuse, to great suffering. The "protection" can suffocate; it can also exploit. Throughout history, men, women and children have been compelled to accept degrading work, alien religious practices, institutionalization, and even wars alleged to "free" them, all in the name of what someone has declared to be their own best interest. And deception may well have outranked force as a means of subjection: duping people to conform, to embrace ideologies and cults--never more zealously perpetrated than by those who believe that the welfare of those deceived is at issue.[42]

Gay men may have been inculcated in safe sex behavioral but inculcation has fallen short of ensuring protected sexual activity. The reduction of acts coded with meaning and historical context into consumer goods, underlies the gradual erosion of gay men's trust over the past decade in community prevention efforts. One writer summarized the transformation in one succinct sentence:

> Professionalized health education displaced authority for understanding and enforcing safe sex standards from the people who engage in sex, and placed that authority instead

in the hands of medical experts.[43]

Prevention workers often maintain that their chief aim is to find simple, appealing ways to capture a specific educational concept and mass-market it to specific communities. This is only one of the available models of community education.[44] Why does the field of public health dominate HIV prevention and why have the disciplines of education, psychology, and sexology devoted little attention to this area? What additional pedagogical methods and understandings of the ways in which sexual and social practices are constituted could be offered by practitioners and researchers in these fields? Comparing programming at the American Public Health Association's and American Educational Research Association's annual meetings shows vastly different levels of professional engagement with HIV education. Have schools of public health and professionals in the field held "ownership" of HIV prevention and have schools of education and educational theorists and researchers abrogated all responsibility in what is seen as "health matters?"

Prevention programs rooted in non-judgemental group discussion offer a different methodology from most existing efforts but have the additional challenge of attracting active participation. If a significant commitment of time is required in order to allow for protracted dialogue on complex sexual matters, even fewer men may participate. Do gay men willfully avoid placing themselves in situations where they will be active

subjects in an educational process? Structured inquiry and formalized discourse with gay men are relegated to physicians, test-site counselors, and therapists. Reflection, consideration, and dialogue more commonly take place informally between gay men in social settings. In a sense, the bulk of the safe sex education of gay men occurs the way learning about sex has always occurred for American males: on the street, behind the bushes, through the media.

Education and Democracy

Ethicist Sisella Bok has written about the use of deception and manipulation with a population undergoing extreme threats to survival:

> To say that the long-term threats to survival strain morality is not to say that hindsight cannot make out differences in adherence to principles of justice or veracity at such times. Nor, obviously, is it to say that those who impose or tolerate such burdens for their fellow human beings must not be judged. It is merely to say that there comes a point of human endurance and of long-term threat beyond which justice is inoperative for sufferers, and where their adherence to moral principles cannot be evaluated by outsiders.[45]

Gay men may be at one of these points. While some men protect themselves amid the deepening catastrophe of AIDS, more men than usually acknowledged do otherwise. Defining the men who opt for safe sex as healthy, moral citizens with significant self-esteem and those who don't as self-destructive, drug-addicted, bad people is facile. While not simplifying the complexity of factors which may motivate an individual to participate in activities which threaten health or shorten lifespan (smoking, excessive drinking, eating fried foods, refusing to exercise), is it possible to value the meanings of an activity and the pleasure and satisfaction it affords over safety and longevity of life?

Over the past ten years, a prevention strategy has been institutionalized which attempts to regulate desire and sexual activity largely through moralizing, peer pressure, and public relations. Under the guise of encouragement and social marketing, this approach employs outside forces of guilt and shame to influence individual conduct. It encourages the manipulation and simplifying of information and it glosses over ambiguity. Historic precedents have show that human sexuality is difficult to control and resistent to such regulation. At this point, statistics on continuing seroconversions among gay and bisexual men suggest that innovative models of education might be worthy of consideration.

An understanding of democratic education and an analysis of its strengths and limitations may be crucial to future of

education efforts. Nora Kizer Bell described the complex nature of education work under democracy:

> By its very nature democratic education--that is, education that occurs in the context of a liberal democracy --will eventuate in something less than complete compliance with, or complete assimilation to its instructional mission...A commitment to democratic education means, therefore, accepting compromise in its results. This is especially true in a culture that is pluralistic...Such a conception of education relies heavily on the conviction that not everyone will be attracted to the same options and that, even if they are, they will be able to achieve them to greater or lesser degrees. Furthermore, such a concept of education underscores the value of voluntary choice.[46]

Democratic education provides a framework which helps identify the limitations of equating HIV education with prevention. Men flout a broad and elaborate indoctrination system of "compulsory heterosexuality" in order to self-identify as gay.[47] Is it reasonable to expect these same men to uncritically accept a rigid and defined code of sexual conduct which might significantly restrict their experience of sexuality and the quality of their lives? Men already proven to be sexually transgressive could be expected to exhibit a broad range of viewpoints, motivation, and ability to actualize defined safe

sex practices.

In reconstituting a mission for work with gay men around sexual transmission of HIV, democratic educational theory suggests new ways to define success and failure. Totalitarian states utilize coercive measures to gain behavioral compliance because they are founded upon philosophies of mass social control. In a democracy, education's appropriate aim is to provide individuals and groups with knowledge, skills, and the ability to make choices. The assuming of authority by the individual is particularly important in AIDS prevention because the activities involved in the sexual transmission of AIDS almost without exception involve individual voluntary action and the consequences are focused almost entirely upon the individual participants:

> Nearly all transmission involves consensual risk-taking. Nearly every activity that spreads HIV disease is voluntary. Furthermore, most of these activities are inherently private--hence, not easily (or effectively) regulated. While coercive strategies for controlling HIV transmission might have both moral and public health warrant in isolated cases, such as in blood or organ donation, coercion, in general, is not likely to have the desired effect.[48]

Education under democracy aims for people to govern

themselves, invent their own lives, and accept responsibility for their actions. The arrival of an epidemic cannot swiftly change long-standing, culturally-embedded traditions of individual rights and responsibility rooted in the consciousness of American gay men.

In contrasting education under absolutist regimes and democratic education, Gordon C. Lee writes of totalitarian societies:

> The basic sociopolitical line is handed down from whatever higher authority has established itself and the schools follow the pattern as specified. The ethic of democracy points in a completely opposite direction for, by its very nature, it not only recognizes but honors differences in aims, in ultimate values, and in the particulars of the means for their realization. Perhaps we can say that there are really two central commitments to which the democratic ethic, as professed in the United States, can be reduced and from which all the factors or features we habitually associate with democracy can be derived. These are the commitments to the sanctity of the person and the legitimacy of disbelief.[49]

James Baldwin succinctly described how tensions between individual freedom and the broader "social good" are entrenched

in the American educational tradition:

> The paradox of education is precisely this--that as one begins to become conscious, one begins to examine the society in which one is being educated. The purpose of education, finally, is to create in a person the ability to look at the world for oneself, to make one's own decisions, to say to oneself this is black or is white, to decide for oneself whether there is a God in heaven, or not. To ask questions of the universe, and then to learn to live with those questions, is the way one achieves one's own identity. But no society is really anxious to have that kind of person around. What societies really ideally want is a citizenry which will simply obey the rules of society.[50]

In her book Democratic Education, Amy Guttman grapples extensively with such conflicts and emphasizes pluralism and diversity of outcomes as essential to education under democracy. Gutman writes:

> Were democratic decisionmaking valued exclusively as a procedure for achieving correct outcomes, the directed democrat's position would be more forceful. But unlike a jury trial, democracy is valuable for far more than its capacity to achieve correct outcomes. It is also valuable for enabling societies to govern themselves,

rather than to be goverend by an intelligence unrelated to their nature...[51]

I suggest that HIV education strategy must shift its content and process to become reflective, thoughtful, and dialogic. It must be funded at a level which will allow for long-term, time-intensive work with large numbers of gay and bisexual men and continued funding not be contingent upon evidence of immediate mass behavior change. The strategy must take into account that, in a nation weaving together communities of increasingly divergent values, personal autonomy and individual choice will ensure a broad range of response.

Strategies for the Coming Years

A new generation of education efforts might be guided by a strategy which aims to support each man in assuming increased responsibility for his erotic activities and becoming the locus of authority for sexual risk management. The ability of individual men to engage in critical thinking and consolidate thought, emotion, psychology, environmental context, and interpersonal relations into social and sexual practice must be enhanced through these efforts. At the same time prevention efforts will aim for a long-term improvement in the social context of gay men's lives. A tension might exist between the two, but education and prevention must be allowed to occupy

contiguous space on a progressive community agenda.

The predominent educational model in America is dualistic: it places the educator as a source of knowledge and the student as a willing receptacle. The instructor imparts wisdom and the student eagerly imbibes. The model has been emulated in safe sex strategies with gay men. Yet a rich body of educational theory has developed over the past twenty-five years which challenges this model's effectiveness with populations which have experienced oppression, colonization, or marginalization. Gay liberation and queer theory have conceptualized gay men as oppressed people whose communal body and sexuality are central sites of colonization. Theories of education which focus on self-determination among oppressed groups provide signposts for future directions of our HIV education work with gay men.

Brazilian theorist and social critic Paulo Freire, in his landmark analysis of literacy education among Third World peasants, Pedagogy of the Oppressed, provides an apt critique of the failings of traditional instruction methods to bring about behavior change:

> To substitute monologue, slogans, and communiques for dialogue is to attempt to liberate the oppressed with the instruments of domestication. Attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects which must be saved from a burning building; it is to lead them into the

populist pitfall and transform them into masses which can be manipulated.[52]

Freire proposes a theory of "liberation education" which emphasizes inquiry, problem-solving, and dialogue. Such an educational process would no longer be centered around a teacher or "expert" who has some special access to knowledge; instead, each individual would become the center of a process aimed at achieving praxis--the linkage of reflection with action. A partnership is established between teacher and student which aims at collective participation in discovery, problem-raising, and critical thinking. This interactive process is rooted in respect for every individual's unique ability to continually make and remake his or her way of life and "emphasizes acts of cognition, not transferrals of information."[53]

Likewise, in discussing "critical pedagogy for the classroom," as "one in which the issue of student interests or motivation is linked to the dynamics of self- and social empowerment, Henry Giroux and Peter McLaren emphasize "the primacy of student experience," and the importance of authentic student voice.[54] They raise questions relevant to HIV education programs for gay men about whether schools function as a public sphere, and, if so, the role of authority in intellectual discourse. They suggest that the "emancipatory authority" of teachers moves their role from that of "merely" intellectuals to "transformative intellectuals," emphasizing education's aim that

students "take risks" and "struggle within ongoing relations of power."

As the limitations of established models of AIDS education are recognized, health educators working with populations traditionally considered oppressed are increasingly turning to emancipatory theories of pedagogy, particularly Freirie's, for inspiration. Kevin Cranston, of the Massachusetts Department of Education, has proposed applying Freireian theories to HIV programs with lesbian, gay and bisexual youth.[55] Kathy Boudin, an inmate and educator at New York's Bedford Hills Correctional Facility, has utilized Freire's problem-solving methods in literacy work focused on AIDS/HIV as authentic life issues facing the inmate population.[56]

Liberation education clearly has much to offer work with these populations, yet provides a compelling theoretical foundation for the much-needed shift in efforts to educate <u>all</u> gay men about the sexual transmission of HIV.

Walt Odets has forcefully identified the limitations on the power of educators while powerfully articulating a new mission for our work with gay men:

> For a man living in a lifelong epidemic in which intimacy might become assault and love become death, we have nothing to sell but contemplation itself: the internal space for each man to think and to feel and thus make for himself the best possible decisions that he might. We

> cannot tell people how to act in the epidemic any more than we can tell them how to feel about it. It has not worked and will not, and if we are concerned with the quality of gay life in America, rather than just the quantity, that sort of "instruction" is something we should be trying.[57]

Can a new mission which develops the ability of individual men to manage their own risk for HIV infection flow from a model of liberation education? Freireian concepts of "liberation" and "freedom" are not distinct from developing individual authority and responsibility. The aim would be to support gay men's inquiry, reflection, and problem-solving around issues of sexuality and health, as was widely-discussed during the early gay liberation movement. Tactics of moralizing, shaming, and coercion would be replaced with a process which respects each man's ability to make choices and manage risks. We would be as concerned with the quality of gay men's lives, as the longevity of their lifespans, and we would understand that an interaction exists between the two. We would seek to support the creation of a population of gay men who think and talk about sexual options, acknowledging the complexity of erotic desire, and have the knowledge-base and social support to actualize their own conclusions.

If we believe Freireian theory has much to offer gay men's sexuality, efforts must be made to enhance behavioral skills by keeping the individual at the center of the learning process. Gay

men must take the lead in identifying areas needing strengthening and choosing appropriate methods. The power one gains from assuming increased responsibility for of one's life and sexual behavior is a critical part of managing risk over the long-haul.

Long-range Questions

Most major cities and some rural and suburban areas in America have a prevention network targeting gay men. The work ahead is to retrain, redirect, or replace many of the personnel, paradigms, and programs of those systems. We need far fewer lists of do's and don't's and those needed might target specific under-educated populations (many of which are best involved in emancipatory models of education, rather than brochure-reading). Instead, educators will come to see themselves as facilitators of learning processes among diverse gay and bisexual men. No longer claiming to be role models, trend setters, or sources of wisdom, educators will apply their abundant energies to expanding opportunities, formats, and environments in which men can fully participate in their own education. The sources of non-judgemental support which have been the foundation of psychosocial work with people with AIDS since the early days of the epidemic, will be replicated and put to use assisting the uninfected in grappling with the critical questions posed by an ongoing epidemic.

In 1995, education efforts targeting gay men are at a crossroads. We can continue to fine-tune traditional models and public health interventions which focus on providing narrowly-defined information, motivation, and skills, and pray that existing methods have the desired impact over time. This path may incorporate new safe sex education techniques, inventive social marketing campaigns, and aggressive efforts to manipulate social norms. It may lead to cumulative effects which result in dramatic changes in transmission rates over the next decade. Or it may not.

A different path is open, one which provides new strategies and alternative models for working with gay men's sex. Instead of expecting gay men to be "100% safe," or to "halt" AIDS transmission, educators can acknowledge the complexity of sexuality and the variegated risks involved in specific sex acts and shift to assist men as they manage their own risk. This route encourages the restoration of authority and responsibility for sexual conduct to individual gay men and provides opportunities for the necessary acquisition of skills, motivation, and personal power.

A change in strategy may encourage the development of a broad mission focused on assisting a gay population besieged by death and discrimination in creating forms of life which are worth living. An emphasis on quality of life, rather than length of life, may offer a modicum of hope and engagement now lacking; ironically it also may support a prevention agenda and

ultimately lead to reduced HIV transmission.

Reconceptualizing work with gay men's sex opens many new questions. Rather than inquiring, "How can we educate gay men to have only safe sex?" or "Can we shift peer pressure so as to influence private acts as well as public?", we ask "How can gay men create lives worth living?" or "What can community offer to gay men which is engaging, affirming, and life-sustaining?" A rethinking of strategies with gay men may contribute to the regeneration of gay male sexuality as we approach the 21st century. It requires the acknowledgement that gay men as a class do not embrace a single answer to the existential questions posed by the catastrophe of AIDS. Some maintain a collective commitment to survival at any cost and some believe there are things more important than longevity of life. Some men will calmly embrace the role of witness and commit themselves to being around in 30 years to tell the story of how this tragedy was allowed to happen; others will rage at witnessing, and abhor the decades we spend burying our peers.

Men in this epidemic do not share a singular response or a singular fate. Like residents of a mountain village hit suddenly by an avalanche, some will live and some will die and it will not be as predictable as many would like. All we have to offer one another in the wake of disaster is the space for each survivor still standing to tell his true story, and the support all survivors need to forge paths forward of their own determination.

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NOTES

1. Ron Stall, Tom Coates, and Colleen Hoff, "Behavioral Risk Reduction for HIV Infection among Gay and Bisexual Men--A Review of Results from the United States," American Psychologist 43(11).

2. Jeff Kelly, et. al., "Acquired Immonodeficiency Syndrom/Human Immunodeficiency Virus Risk Behavior Among Gay Men in Small Cities," Archives of Internal Medicine 152:2293-2297 (1992); Jane Gross, "Second Wave of AIDS Feared by Officials in San Francisco," New York Times, 11 December 1993; "Young Gay Men Not Heeding AIDS Message, Rates of Infection Remain High," NIAID AIDS Agenda (summer 1993); George Lemp, et. al., "HIV-1 Seroprevalence and Risk Behaviors Among Young Men Who Have Sex With Men," Journal of the American Medical Association 272(6) (August 1994).

3. Donald R. Hoover, et. al., "Estimating the 1978-1990 and Future Spread of Human Immunodeficiency Virus Type 1 in Subgroups of Homosexual Men," American Journal of Epidemiology 134(10):1190-1205 (1991).

4. Ron D. Stall, Thomas J. Coates, and Colleen Hoff, "Behavioral Risk Reduction for HIV Infection Among Gay and Bisexual Men--A Review of Results from the United States," American Psychologist 43(11):878 (November 1988).

5. For an early article which considers the formidable challenge of transforming sexual behavior and begins to interrogate the construct of sexual restraint see Michael C. Qudland and William D. Shattls, "AIDS, Sexuality, and Sexual Control,"Journal of Homosexuality.

6. Marshall H. Becker and Jill G. Joseph, "AIDS and Behavioral Change to Reduce Risk: A Review," American Journal of Public Health 78(4):408 (April 1988).

7. Leon McKusick, William Horstman, and Thomas J. Coates, "AIDS and Sexual Behavior Reported by Gay Men in San Francisco," American Journal of Public Health 75(5):493 (May 1985).

8. Stall, Coates, and Hoff, "Behavioral Risk Reduction for HIV Infection Among Gay and Bisexual Men," 878-879.

9. Leon McKusick, William Horstman, and Thomas J. Coates, "AIDS and Sexual Behavior Reported by Gay Men in San Francisco," American Journal of Public Health 75(5):493 (May 1985).

10. See Cindy Patton, Inventing AIDS (New York: Routledge, 1990) and Edward King, Safety in Numbers: Safer Sex and Gay Men (New York, Routledge, 1993).

11. King, Safety in Numbers, 66-67.

12. I thank Will I. Johnston of Boston for this phrase.

13. Warren Winkelstein, Jr., et. al., "The San Francisco Men's Health Study," American Journal of Public Health 76(9):685-689 (June 1987).

14. Jeffrey A. Kelly, et. al., "AIDS Risk Behavior Patterns among Gay Men in Small Southern Cities," American Journal of Public Health 80(4):416 (April 1990).

15. Ron D. Stall, Thomas J. Coates, and Colleen Hoff, "Behavioral Risk Reduction for HIV Infection Among Gay and Bisexual Men: A Review of Results from the United States," American Psychologist 43(11):878-885 (November 1988).

16. Ron Stall, et. al., "A Comparison of Younger and Older Gay Men's HIV Risk-Taking Behaviors: The Communication Technologies 1989 Cross-Sectional Survey," Journal of Acquired Immune Deficiency Syndrome 5(7):682-687 (1992).

17. Maria Ekstrand, et. al., "Maintenance of Safer Sex Behaviors and Predictors of Risky Sex: The San Francisco Men's Health Study," American Journal of Public Health 80(9):973-977 (1990).

18. Jane Gross, "Second Wave of AIDS Feared by Officials in San Francisco," New York Times, 11 December 1993, 1.

19. Projections of the AIDS Epidemic in San Francisco: 1994-1997 (San Francisco Department of Public Health, 15 February 1994).

20. Lisa M. Krieger, "S.F. AIDS Epidemic Waning," San Francisco Examiner, 16 February 1994, 1.

21. Michael Botkin and Kerrington Osborne, quoted in Lisa M. Krieger, "S.F. AIDS Epidemic Waning," San Francisco Examiner, 16 February 1994, A-14.

22. "Education Cuts AIDS Spread," editorial, San Francisco Examiner, 17 February 1994, A-20.

23. See Chris Hall, "Despite reports otherwise, HIV is more of a threat than ever," letter to the editor, San Francisco Examiner, 25 February 1994, A-20.

24. Michael Colbruno, "Differences Abound Over AIDS Report," San Francisco Sentinel, 30 March 1994, 9.

25. This was evident in the coverage given the story by non-local gay media. See Aras van Hertum, "CDC data shows AIDS is slowing among Gay men," Washington Blade, 18 March 1994, 27.

26. Projections of the AIDS Epidemic in San Francisco: 1994-1997 (San Francisco Department of Public Heatlh, 15 February 1994). Edward King, Safety in Numbers: Safer Sex and Gay Men (New York: Routledge, 1993), page 11 cites even more extreme infection rates. He provides figures from the San Francisco City Clinic cohort study which indicate that 73.1% of the 6,875 gay men in this study were HIV-positive by 1985.

27. The number of gay people in any area is difficult to determine. After consultations with San Francisco-based market research professions who have grappled with this question, I settled on a figure of 75,000 gay men in San Francisco by estimating the city's lesbian and gay population at 20% of the city's total 1980 population of about 750,000, evenly divided between lesbians and gay men.

28. Jay A. Levy, "The Transmission of HIV and Factors Influencing Progression to AIDS," American Journal of Medicine 95:91 (July 1993) considers receptive oral intercourse as carrying "a low but still potential risk of HIV transmission." For popular media coverage of the queer debate on oral sex see Cindy Filipenko, "Oral Sex Risk Debate Continues to Rage," Bay Area Reporter, 22 September 1994, 25 which cites the Canadian AIDS Society's continued listing of oral sex as a low-risk act in

their safe sex guidelines; see also Jeff Epperly, "Still No Easy Answers on Questions About Oral Sex and HIV Transmission," Bay Windows, 3 March 1994, 5; Gabriel Rotello, "Watch Your Mouth," Out (June, 1994), 148-168 presents a case for upgrading oral sex from its current low-risk status to a higher-risk category.

29. Karla Jay and Allen Young, The Gay Report: Lesbians and Gay Men Speak Out About Sexual Experiences and Lifestyles (New York: Summit Books, 1977), 464-465 indicates the frequency of gay male participation in the following activities: "fucking your partner:" never (9%), once (5%), very infrequently (21%); "getting fucked:" never (13%), once (8%), very infrequently (21%). James Spada, The Spada Report: The Newest Survey of Gay Male Sexuality (New York: Signet, 1979), 328, features the question "Do you enjoy anal intercourse?" and the answers: Yes (76.7%), No (12.9%), Sometimes (4.4%), Depends on partner (1.8%), Depends on position (1.6%), No answer (3.6%); Alan P. Bell and Martin S. Weinberg, Homosexualites: A Study of Diversity Among Men and Women (New York: Simon and Schuster, 1978), 328 reports, in response to questions about "performing anal intercourse," 78% of white homosexual men and 90% Black homosexual men responded "yes," while 22% of the white men and 10% of the Black men answered "no." The question about "receiving anal intercourse" was answered affirmatively by 67% of the white men and 78% of the Black men and answered negatively by 33% of the white men and 22% of the Black men; Morton Hunt, Sexual Behavior in the 1970s (New York: Dell, 1974) includes the figure of 50% of gay men reporting participation in anal sex and 50% reporting no participation in the act. Edward King, Safety in Numbers: Safer Sex and Gay Men (New York: Routledge, 1993), 158 cites an Australian survey indicating "for many men, anal sex remains the most pleasurable sexual activity," and a British survey which places anal sex (active and passive) behind masturbation and oral sex in appeal among gay men, and gives figures of 72.5 % (active) and 61.7% (passive) who found anal sex "appealing." For a compelling collection of essays on sodomy from a variety of academic and activist perspectives see Jonathan Goldberg, ed., Reclaiming Sodom (New York and London: Routledge, 1994), particularly Leo Bersani's "Is the Rectum a Grave?", 249-264.

30. See Cindy Patton, Inventing AIDS (New York: Routledge, 1990) and Edward King, Safety in Numbers: Safer Sex and Gay Men (New York: Routledge, 1993).

31. For a more extensive description of the roots of early prevention efforts see, Eric Rofes, Reviving the Tribe: Regenerating Gay Men's Lives in an Ongoing Epidemic (New York: Haworth, in press).

32. Jonathan Silin, "Dangerous Knowledge," Christopher Street 10(5):37-39 (1987) provides an insightful analysis of two programs exemplifying these models: New York's "800 Men" program

and San Francisco's "Stop AIDS" project.

33. Communication Technologies, "Assessing the Attitudes and Opinions of San Francisco Gay/Queer/Bisexual Men," 59.

34. Walt Odets, "AIDS Education and Prevention: Why It Has Gone Almost Completely Wrong and Some Things We Can Do About It," (speech presented at the National Gay and Lesbian Health Conference, 23 July 1993, Houston, TX).

35. For a discussion of birth control, see Linda Gordon, Woman's Body, Woman's Right: Birth Control in America (New York: Penguin, 1990). For a discussion of attempts to discourage youth drug abuse, see Eli Ginzberg, Howard S. Berliner, and Miriam Ostrow, Young People at Risk: Is Prevention Possible (Boulder: Westview Press, 1988), 3-15.

36. Susan Sontag, AIDS and Its Metaphors (New York: Farrar, Straus and Giroux, 1988), 26.

37. Walt Odets, "AIDS Education and Prevention: Why It Has Gone Almost Completely Wrong and Some Things We Can Do About It" (paper presented at the National Lesbian and Gay Health Conference, Houston, Tx., 23 July 1993).

38. Lisa Krieger, "AIDSWEEK," San Francisco Examiner, 23 February 1994, A2.

39. This is discussed by Anna Quindlen, "Dance of Death," New York Times, 19 February 1994, 13.

40. Andrea Dworkin has written extensively on the sexual politics of intercourse but is at her most succinct in one of her earliest books. See in Andrea Dworkin, Woman Hating (New York: Dutton, 1974), the chapter "Androgyny: Androgyny, Fucking and Community," 174-193.

41. Steve Epstein, "Democratic Science? AIDS Activism and the Contested Construction of Knowledge," Socialist Review 21(2):55 (April-June 1991)..

42. Sisella Bok, Lying: Moral Choice in Public and Private Life (New York: Vintage Books, 1978), 215-216.

43. Patton, Inventing AIDS, 42.

44. Rafael M. Diaz, Associate Professor of Psychological Studies in Education at Stanford University, developed a course titled "Theories of Self-Regulation and Behavior Change" which cites three distinct modalities: "developmental approaches," "social-cognitive approaches," and "empowerment pedagogy."

45. Ibid., 199.

46. Nora Kizer Bell, "Ethical Issues in AIDS Education," in AIDS and Ethics, ed. Frederic G. Reamer (new York: Columbia University Press, 1991), 137.

47. An analysis of the systemic indoctrination of women into "compulsive heterosexuality" was initially offered in Adrienne Rich, "Compulsory heterosexuality and Lesbian Existance," Signs: A Journal of Women in Culture and Society (summer 1980):631-657.

48. Bell, 141-142.

49. Gordon C. Lee, Education and Democratic Ideals (New York: Harcourt, Brace & World, Inc., 1965), 11.

50. James Baldwin, "A Talk to Teachers," in The Graywolf Annual Five: Multicultural Literacy, eds. Rick Simonson and Scott Walker (St Paul: Graywolf Press, 1988), 4.

51. Amy Gutmann, Democratic Education (Princeton: Princetown University Press, 1987), 96.

52. Paulo Freire, Pedagogy of the Oppressed, trans. Myra Bergman Ramos (New York: Continuum, 1970), 47.

53. Ibid., 60.

54. Henry A. Giroux and Peter McLaren, "Teacher Education and the Politics of Engagement: The Case for Democratic Schooling," Harvard Educational Review, 56(3):233-238 (August 1986).

55. Kevin Cranston, "HIV Education for Gay, Lesbian and Bisexual Youth: Personal Risk, Personal Power, and the Community of Conscience," in Coming Out of the Classroom Closet, ed. Karen Harbeck (New York: Haworth Press, 1992), 247-259.

56. Kathy Boudin, "Participatory Literacy Education Behind Bars: AIDS Opens the Door," Harvard Educational Review 63(2):207-232.

57. Walt Odets, "AIDS Education and Prevention: Why It Has Gone Almost Completely Wrong and Some Things We Can Do About It" (paper presented at the National Gay and Lesbian Health Conference, Houston, TX, 23 July 1993).